Exploring sexualized drug use, sexual behaviors, and substance use among sexual and gender diverse people in California

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pronouns: they/he/she

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November 2, 2023

Conflict of Interest: None
Overview

Problem statement and research question

Background and theoretical perspective

Methods and analysis

Results
The narratives shared in this presentation represent individual experiences and viewpoints. In this educational context, they are not intended to encourage or condone any behavior with associated risks.
An individualistic approach and deficit-based paradigm place the moralistic onus on the individual to alter their “problematic” behavior to meet public health norms.

The intersection of stigmatizing queer identity and criminalizing drug use behavior will continue to worsen overall health outcomes in the long-term.

(Knight, 2018)
Research question 🤔

How do SGD people who engage in SDU navigate HIV and other STI prevention strategies in their sexual networks and maximize the benefits of pleasure and bonding?

- How do SGD people talk about and navigate harm reduction strategies with partners?

- What practices are employed to mitigate risks and enhance pleasure and bonding?
Background

- **Sexualized drug culture**
  - Drug and alcohol use among gay and bisexual men or men who have sex with men (MSM) as a creative/experimental response to marginalization (i.e., chemsex or party and play)
  - SDU associated with: sexually-transmitted infections (STIs), risky sex behaviors (e.g., condomless sex), group sex/multiple partners, and injection drug use

- **Biomedical HIV prevention**
  - Effect of SDU and drug use on pre-exposure prophylaxis (PrEP) adherence limited and conflicting
  - Suboptimal antiretroviral therapy (ART) due to drug use, but it shouldn’t be used as a proxy for SDU
  - Other ways to protect sexual health (condoms, STI testing, and partner notification and treatment)

- **Online communication technologies**
  - Historical eradication of physical gay social spaces -> Social networking applications (apps)
  - Anonymity to hide and avoid detection and resist laws, stigma, and medicalization
  - Seek sexual, social, and romantic partners and increase the availability and prevalence of drug use

(Guerra et al., 2020; O’Halloran et al., 2019; Pienaar et al., 2018; Race et al., 2016; Schecke et al., 2019; Stardust et al., 2018) (Hammoud et al., 2019; Roux et al., 2018) (Frederick & Perrone, 2014; Hibbert et al., 2019; Patten et al., 2020; Race, 2015; Race et al., 2016)
Diversity, equity, and inclusion

• **Research inclusion**: Majority of SDU studies focus on MSM, with fewer on trans women and none with trans men, nonbinary people, or women who have sex with women.

• **International scope**: International SDU and chemsex research, especially in high HIV prevalence areas, are essential.

• **SDU definition**: Definitions of SDU vary; local context is significant, and harm reduction strategies could be shared internationally.

(Hibbert et al., 2021)
Counterpublic health is a concept rooted in Queer and Feminist Theory that centers and acknowledges the health needs and aspirations of socially marginalized people whose knowledge and embodied practices challenge the normative principles of our public health frameworks.

(Warner, 2002; Race et al., 2009; Hoppe, 2010)
Methods and analysis

**Recruitment** via reaching out to online app/site users via a user profile

**In-depth interviews** via a semi-structured interview guide:
- How interviewees practice and navigate HIV/STI prevention and harm reduction strategies within their own sexual networks (e.g., how they discuss and address HIV and other STI risks with their partners)
- Their physical, emotional, and social experiences engaging in SDU based on their preferences for specific substances/drugs, partners and environments, and contexts

**Modified grounded-theory** for analysis to determine emergent themes
## Results

### Table 1. Participant characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>n = 18</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>42 ± 12</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>17 (94%)</td>
</tr>
<tr>
<td>Transgender female</td>
<td>1 (6%)</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>9 (50%)</td>
</tr>
<tr>
<td>Latino(x)/Hispanic</td>
<td>6 (33%)</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>2 (11%)</td>
</tr>
<tr>
<td>Mixed</td>
<td>1 (6%)</td>
</tr>
<tr>
<td><strong>Sexual orientation</strong></td>
<td></td>
</tr>
<tr>
<td>Gay</td>
<td>12 (66%)</td>
</tr>
<tr>
<td>Queer</td>
<td>3 (17%)</td>
</tr>
<tr>
<td>Pansexual</td>
<td>2 (11%)</td>
</tr>
<tr>
<td>Bisexual</td>
<td>1 (6%)</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
</tr>
<tr>
<td>College degree</td>
<td>6 (33%)</td>
</tr>
<tr>
<td>Some college</td>
<td>6 (33%)</td>
</tr>
<tr>
<td>Graduate degree</td>
<td>3 (16%)</td>
</tr>
<tr>
<td>High school/GED</td>
<td>3 (16%)</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>15 (83%)</td>
</tr>
<tr>
<td>In a relationship</td>
<td>2 (11%)</td>
</tr>
<tr>
<td>Married</td>
<td>1 (6%)</td>
</tr>
<tr>
<td><strong>HIV status</strong></td>
<td></td>
</tr>
<tr>
<td>Living with HIV</td>
<td>10 (56%)</td>
</tr>
<tr>
<td>Undetectable</td>
<td>9 (90%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>1 (10%)</td>
</tr>
<tr>
<td>Negative</td>
<td>8 (44%)</td>
</tr>
<tr>
<td>On PrEP</td>
<td>7 (87.5%)</td>
</tr>
<tr>
<td>Not on PrEP</td>
<td>1 (12.5%)</td>
</tr>
<tr>
<td><strong>Residence</strong></td>
<td></td>
</tr>
<tr>
<td>Northern CA</td>
<td>15 (83%)</td>
</tr>
<tr>
<td>Southern CA</td>
<td>3 (17%)</td>
</tr>
</tbody>
</table>
Results

Moral agency -> Harm reduction

• Debunking the myths of lacking knowledge or understandings of harm reduction as a driver for SDU

Two-step harm reduction approach:

1. Digital screening
2. In-person assessment
Results

Digital screening
- Locality
  - Limiting the number of partners
- User profile
  - Biomedical HIV/STI prevention status
  - Health assessment of the physical (e.g., photos)
- Communication and information exchange (e.g., mutual interests)

In-person assessment
- Intentional planning
- First meeting
  - Confirmation of a partner’s health status claims
    - Hygienic standards
- During SDU
  - Monitoring behavior
  - Condom use as requested
But Grindr, you could pick whoever you want, and you can be more selective, and you're going to be more selective 'cause you're like, “I don't want this.”…I don't really necessarily like cruising, because I don't like being outside in the cold and dark. And I like being in indoors. (24, white queer trans woman)
Results

Digital screening

- Locality
  - Limiting the number of partners
- User profile
  - Biomedical HIV/STI prevention status
  - Health assessment of the physical (e.g., photos)
- Communication and information exchange (e.g., mutual interests)

In-person assessment

- Intentional planning
- First meeting
  - Confirmation of a partner’s health status claims
    - Hygienic standards
- During SDU
  - Monitoring behavior
  - Condom use as requested
Usually, all my friends who have HIV are undetectable. But I’ve talked to some people who have viral HIV, but I’ve been on PrEP so I didn’t give a fuck…That’s the only point I ever asked them to use a condom is if they have viral HIV…It’s still dangerous, but at that point I’m just like, I feel a little safer when I do it. (24, white queer trans woman)
Results

Digital screening

- Locality
  - Limiting the number of partners

- User profile
  - Biomedical HIV/STI prevention status
  - Health assessment of the physical (e.g., photos)

- Communication and information exchange (e.g., mutual interests)

In-person assessment

Partner notification of (+) STI testing and treatment

- Intentional planning

- First meeting
  - Confirmation of a partner’s health status claims
    - Hygienic standards

- During SDU
  - Monitoring behavior
  - Condom use as requested
Policy implications

- Generate evidence of the overlooked harm reduction strategies that give voice to unproblematic SDU within social networks
- Address the prohibition and criminalizing policies that govern how citizens should act in accordance with public health norms
- Eliminate the pervasive stigma that spans throughout the socioecological levels of community(s), health services provision, and other structural institutions
Thank you! 🙌

Many thanks to my participants for sharing their experiences and stories, as well as the ISSI Graduate Fellowship Program for supporting this work!
References